

PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)225.00**Complete if Known**

| | |
|----------------------|---------------|
| Application Number | 10/783,813 |
| Filing Date | Feb. 29, 2004 |
| First Named Inventor | Barry Gammon |
| Examiner Name | Hadi Shakeri |
| Art Unit | 3723 |
| Attorney Docket No. | GAM-001CON |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order☐ Deposit Account ☐ NoneDeposit
Account
Number

Deposit
Account
Name

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☐ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

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FEE CALCULATION**1. BASIC FILING FEE**

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|------------------------|----------|-----------------------|--------------|
| Utility Filing Fee | 790 | 395 | |
| Design Filing Fee | 350 | 175 | |
| Plant Filing Fee | 550 | 275 | |
| Reissue Filing Fee | 790 | 395 | |
| Provisional Filing Fee | 160 | 80 | |

Subtotal (1) \$0.00

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|-----------------------------------------------------------------------|----------|-----------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = x =
HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = x =
HP = highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

Subtotal (2) \$0.00

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid(\$) |
|-------------------------------------|----------|-----------------------|--------------|
| 1-month extension of time | 110 | 55 | 55.00 |
| 2-month extension of time | 430 | 215 | |
| 3-month extension of time | 980 | 490 | |
| 4-month extension of time | 1,530 | 765 | |
| 5-month extension of time | 2,080 | 1,040 | |
| Information disclosure stmt. fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 340 | 170 | |
| Filing a brief in support of appeal | 340 | 170 | 170.00 |
| Request for oral hearing | 300 | 150 | |
| Other: | | | |

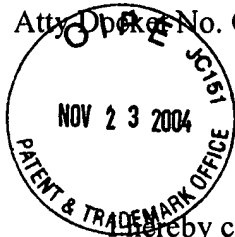
Subtotal (3) \$225.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------------|-----------------------------------|--------|-----------|-------------------|
| Signature | <u>Chris A. Casera</u> | Registration No. (Attorney/Agent) | 34,304 | Telephone | 202-253-4520 |
| Name (Print/Type) | Chris A. Casera | | | Date | November 23, 2004 |

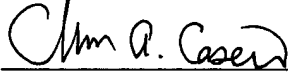
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Chris A. Caseiro